

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

383-042551

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. ~~4496~~ 337 Primary Registration District No. ~~337~~ 4496 Registrar's No. 50

STATE FILE NUMBER

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville		c. CITY OR TOWN Shelbyville	
Length of stay in lb 1 mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Hill Rest Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Julius Middle Andrew Last Grossman		4. DATE OF DEATH Month Sept. Day 24 Year 1963	
5. SEX M.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 6, 1872
9. AGE (last birthday) 91		10. IF UNDER 1 YEAR Months 5 Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plaster and cement worker.		11. BIRTHPLACE (City and state or country) Bethel, Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Andrew Grossman		13b. MOTHER'S MAIDEN NAME Hannah Erich	
14. NAME OF HUSBAND OR WIFE Lillian Grossman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Address Mrs Edith Tuggle, Shelbyville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior Salivary Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 7	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Aug 23 1963 to Sept 24 1963 and last saw him alive on Sept 24 1963. Death occurred at 3:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE P. C. Greher, M.D. (Degree or title)		22b. ADDRESS Shelbyville Mo	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 27/63	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	23d. LOCATION (City, town, or county) 1 mi. West of Bethel, Mo.
24. FUNERAL DIRECTOR C.W. Musgrove, Bethel, Mo.		25. DATE RECD. BY LOCAL REG. Sept 26, 1963	26. REGISTRAR'S SIGNATURE Helen Allison

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 1020
2 1020
3
4 0
5 2
6
7 0
8 2
9 4500
10
11
12 860
13 40

OCT 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by *Self*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *C. W. Magnock*

Licensed Embalmer No. 2719

P. O. Address Bethel, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 9/24/63 *(initials)*